STATIONARY SOURCE SUMMARY (FORM XXX-A1)

D.F.GERD T. GER	
DISTRICT:	
COMPANY NAME:	
< DISTRICT	USE ONLY = District ID:
Application #:	Application Received:
Application Filing Fee:	Application Deemed Complete:
rippincation rining rec.	
I. FACILITY IDENTI	FICATION
Facility Name:	
	EPA Plant ID:
3. Parent Company (if differ	
4. Mailing Address:	
5. Street Address or Source	Location:
6. UTM Coordinates (if requ	uired):
7. Source located within:	50 miles of the state line [] Yes [] No
	50 miles of a Native American Nation [] Yes [] No [] Not Applicable
8. Type of Organization:	[] Corporation [] Sole Ownership [] Government [] Partnership [] Utility Company
9. Legal Owner's Name:	
0. Owner's Agent Name (if	any):
1. Responsible Official:	
2. Plant Site Manager/Con	tact: Telephone #:
3. Type of facility:	
4. General description of p	processes/products:
•	, or otherwise handle, greater than threshold quantities of any substance on the Section 112(r) List of Substances
	the attachment A)? [] Yes [] No
_	gement Plan [pursuant to Section 112(r)] required? [] Not Applicable [] Yes [] Not on that Risk Management Plan is registered with appropriate agency or description of status of Risk Management
(11 yes, attacii veriiicatii	on that Kisk management i fan is registered with appropriate agency of description of status of Kisk Management



STATIONARY SOURCE SUMMARY (FORM XXX-A2)

DIS	TRICT:		< DISTRICT USI	E ONLY =
			DISTRICT ID:	
COI	MPANY NAME:		FACILITY NAME:	
I. TY	YPE OF PERMIT ACTION			
			CURRENT PERMIT (permit number)	EXPIRATION (date)
G	Initial Title V Application			
G	Permit Renewal			
G	Significant Permit Modification			
G	Minor Permit Modification			
G	Administrative Amendment			
I II. D	DESCRIPTION OF PERMIT ACTION Does the permit action requested involve: a:	[] Dortah		
	•	[le Source [] Voluntary En] Acid Rain Source [] Alternative] Source Subject to MACT Requirement	e Operating Scenarios
	•]] Acid Rain Source [] Alternative	e Operating Scenarios ents [Section 112]
2	. Is source operating under Compliance Schedule?]] Acid Rain Source [] Alternative] Source Subject to MACT Requirement	e Operating Scenarios ents [Section 112]
		b: [] Yes] Acid Rain Source [] Alternative] Source Subject to MACT Requiremed] None of the options in 1.a. are applied [] No	e Operating Scenarios ents [Section 112]
	. Is source operating under Compliance Schedule?	b: [] Yes] Acid Rain Source [] Alternative] Source Subject to MACT Requiremed] None of the options in 1.a. are applied [] No	e Operating Scenarios ents [Section 112]
	. Is source operating under Compliance Schedule?	b: [] Yes] Acid Rain Source [] Alternative] Source Subject to MACT Requiremed] None of the options in 1.a. are applied [] No	e Operating Scenarios ents [Section 112]
	. Is source operating under Compliance Schedule?	b: [] Yes] Acid Rain Source [] Alternative] Source Subject to MACT Requiremed] None of the options in 1.a. are applied [] No	e Operating Scenarios ents [Section 112]
	. Is source operating under Compliance Schedule?	b: [] Yes] Acid Rain Source [] Alternative] Source Subject to MACT Requiremed] None of the options in 1.a. are applied [] No	e Operating Scenarios ents [Section 112]

TOTAL STATIONARY SOURCE EMISSIONS (FORM XXX-B)

DISTRICT:			< DISTRICT U	USE ONLY =
			DISTRICT ID:	
COMPANY NAME:			FACILITY NAME:	
	RY SOURCE EMISSIONS tion of operating scenario:			
POLLUTANT* (name)	EMISSIONS (tons per year)	PRE-M	ODIFICATION EMISSIONS (tons per year)	EMISSIONS CHANGE (tons per year)
		1		i

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^{*} Emissions for all pollutants that the source is major for and all regulated air pollutants must be reported. See Attachment A.

COMBUSTION EMISSION UNIT (FORM XXX-C1)

DIS	TRICT:		<pre>< DISTRICT USE ONLY = DISTRICT ID:</pre>		
COMPANY NAME: FACILITY NAME:					
. Р	PERMIT NUMBE	R:			
I. E	MISSION UNIT DES	CRIPTION			
1.	. Equipment type:				
2.	. Equipment description:				
3.	. Equipment make, model	& serial number:			
4.	. Maximum design process	s rate or maximum power input/outp	ut:		
5.	. Primary use:				
6.	. Burner(s) design, operati	ing temperature and capacity:			
7.	. Control device(s) type ar	nd description (if any):			
III. OPERATIONAL INFORMATION 1. Operating schedule: (hours/day) (hours/year) 2. Exhaust gas properties (temperature, SCFM, %H2O, %O2 or %CO2, % excess air):					
3.	. Fuel specifications:				
	FUEL TYPE (name)	ANNUAL USAGE (c.f./yr, lb/yr, gal/yr)	HEATING VALUE (BTU/lb or BTU/gal)	SULFUR (%)	NITROGEN (%)
					<u> </u>

	COMP	SUSTION EMISS	
	I		

(FORM XXX-C2)

DISTRICT:	< DISTRICT USE ONLY =
	DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

4. Unit emissions:

CRITERIA POLLUTANT EMISSIONS (tons per year)					
POLLUTANTS					
A. Emissions					
B. Pre-modification Emissions ¹					
C. Emission Change ²					
D. Emission Limit ³					
OTHER REG	ULATED AIR	POLLUTAN	T EMISSIONS (tons per year)	
POLLUTANTS					
A. Emissions					
B. Pre-Modification Emissions ¹					
C. Emission Change ²					
D. Emission Limit ³					

- For permit modifications only; emissions prior to project modification.
- Difference between Pre-Modification Emissions (Section B.) and Emissions (Section A.).
 For voluntary emissions cap and emission limits [i.e. expressed as parts per million (ppm) corrected for dilution air, pounds per hour (lbs/hr), pounds per million BTU (lb/MMBTU, etc.] required by any applicable federal requirement.

COATING / SOLVENT EMISSION UNIT (FORM XXX-D1)

DISTRICT:		TRICT:	< DISTRICT USE ONLY = DISTRICT ID:
C	OM	IPANY NAME:	FACILITY NAME:
I.	PF	ERMIT NUMBER:	·
II.	E(QUIPMENT DESCRIPTION	
	1.	Equipment type:	
	2.	Equipment description:	
	3.	Equipment make, model & serial number:	
	4.	Maximum design process rate or throughput:	
	5.	Control device(s) type and description (if any):	
	6.	Description of coating/solvent application/drying method(s) en	nployed including coating transfer:
	_		
	_		
	_		
	7.	List and describe primary coating/solvent process equipment u	sed:
	7.	List and describe primary coating/solvent process equipment u	scu.
	_		
	_		
III.	Ol	PERATIONAL INFORMATION	
	1.	Operating schedule: (hours/o	day): (hours/year)
	2.	Coatings/solvents information:	

COATING/ SOLVENT (name)	MANUFACTURER (name)	MAXIMUM USE (gal/day, gal/yr)	VAPOR PRESSURE (mm of Hg)	SOLIDS CONTENT (%)	VOC CONTENT (%)

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COATING / SOLVENT EMISSION UNIT (FORM XXX-D2)	
--	--

DISTRICT:	< DISTRICT USE ONLY =
	DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

Unit emissions:

CRITERIA	A POLLUT	ANT EMISS	SIONS (tons	per year)	
POLLUTANTS					
A. Emissions					
B. Pre-modification Emissions ¹					
C. Emission Change ²					
D. Emission Limit ³					
OTHER REGULA	TED AIR P	OLLUTAN'	T EMISSIO	NS (tons per	year)
POLLUTANTS					
A. Emissions					
B. Pre-modification Emissions ¹					
C. Emission Change ²					
D. Emission Limit ³					

 $For permit \ modifications \ only; \ emissions \ prior \ to \ project \ modification.$

Difference between Pre-Modification Emissions (Section B.) and Emissions (Section A.).
For voluntary emissions cap and emission limits [i.e. expressed as parts per million (ppm) corrected for dilution air, pounds per hour (lbs/hr), pounds per million BTU (lb/MMBTU, etc.] required by any applicable federal requirement.

ORGANIC LIQUID STORAGE UNIT (FORM XXX-E1)

	DISTRICT:			< DISTRICT ID:	ICT USE ONLY =
	COMPANY NAMI	E:		FACILITY NAME:	
I. II	 Equipment type: Equipment descr Equipment make, Control device(s) OPERATIONAL	iption:, model & serial number) type and description (i	: f any):	(hours/year)	
	2. Raw material use ORGANIC LIQUID	VAPOR PRESSURE (psia)	BOILING POINT (F)	STORAGE TEMPERATURE (F)	LIQUID THROUGHPUT (gals/year)
-					
-					
IV.	 Total annual thr Profile of materia TANK DESIGN Tank design: Tank specification 	AND SPECIFICA [] Flo [] Fix [] Pre	TIONS ating Roof (external) ed Roof ssure	April-June (% of total) Oct-Dec (% of total) Oct-Dec (% of total) [] Floating Roof (internal	of total)

3	Shell type:	[]	Gunited [] Riveted	[] Welded	[] Other:
٠.	Blieff type.	LJ	Cumica [] Inveted	[] Welaca	[] one:

ORGANIC LIQUID STORAGE UNIT (FORM XXX-E2)

DISTRICT:					< DISTI	RICT USE ON	LY =
				DIST	RICT ID:		
COMPANY NAME:				FACI	LITY NAME:		
4. Roof type:5. Tank Seals:	[] Par	n []	Pontoo		Other:		
	[] Me [] Va [] Lic [] Wi [] Otl Seconda [] Sh [] Rin [] We	Seal Shoe Type: etallic Shoe por Mounted Resil quid Mounted Resi per Seal her: ry Seal Shoe Type oe Mounted Wiper m Mounted Wiper eathershield	lient Seal :: r Seal		_		
6. Unit emissions:	[] Otl	her:					
		CRITERIA POLI	LUTANT I	EMISSIC	ONS (tons per year	r)	
POLLUTANTS							
A. Emissions							
B. Pre-modification Emissions							
C. Emission Change ²							
D. Emission Limit ³							
	OTHE	R REGULATED A	IR POLLU	JTANT E	EMISSIONS (tons	per year)	
POLLUTANTS							
A. Emissions							
B. Pre-modification Emissions ¹							
C. Emission Change ²							
D. Emission Limit ³							

action BTU (BMMETC, etc.) required by one applicable federal requirement.			_ page out of	_ pages
is an invasion, retrievale, and one mission vanta (i.e. expressive pure per mission gray confected for distillate air, possible per mission state (invas), possible federal requirement.				
i co commany remains ago one emission trans (see Expresses to piers per mission type) collected for distillibrate at possible per boar (1959), possible per mission (1977) (the MMST), etc.) required by any applicable federal reparament.				
in transactive environs regime environ annual set, experience to spure per manual sympt corrected for distallant all, posted specific per mallion 172 (bishbit1), etc.) required by my applicable federal requirement.				
or recomment, chissions ray under emission mines (i.e. depressed as yours per manum spen) corrected for distinct all, points per most (the angle of the correction) of the correction of the cor				
or commany emissions cap undermission immediate, expressed as parts per manuan pyrati corrected for allulation BIT. (the MMBTU, eac.) required by any applicable federal requirement.				
on vowers emission sup and emission isma (i.e. expressed as para per mation (pon) corrected for anisation art, pointus per notal (108/Hr), pointus per million BTU (boMMBTU, etc.) required by any applicable federal requirement.				
or commany consists sup-and emission small, i.e. expressed as pairs per mutant (pm) corrected for aniation dir, polintal per notal (InStitr), polintal per million BTU (InStitr), etc.) required by any applicable federal requirement.				
to vonamus sonisticus cap una emission uma p.e. expresser as purs per midion grant (prin) corrected for division des pandas per nour (168/10), pounds fer million BTU (InAMBTU, etc.) required by any applicable federal requirement.				
millon BTU (Ib/MMBTU, etc. required by any applicable federal requirement.				
millon BTU (Ib/MMBTU, etc.) required by any applicable federal requirement.				
ror vinitus); emissions and engined by any applicable federal requirement. million BTU (th/MMBTU, etc.) required by any applicable federal requirement.				
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ror voluntary emissions cap and emission tantis [i.e. expressed as paris per million (ppm) corrected for diation air, pounds per nour (tos)nr), pounds per million BTU (b/MMBTU, etc.] required by any applicable federal requirement.				
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ion vountary emissions cup and emission timus (i.e. expressed as parts per mutton (ppm) corrected for allutton air, pounds per nour (los/nr), pounds per million BTU (lb/MMBTU, etc.] required by any applicable federal requirement.				
r or vountus gentssions cap ana emission timus (i.e. expressea as paris per mitton (ppm) correctea for attaition air, pounas per nour (lbs/nr), pounas per million BTU (lb/MMBTU, etc.] required by any applicable federal requirement.				
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For voluntary emissions can and emission limits [i.e. expressed as nauto now million (now) convected for dilution six nowed and have (II-II-) J	3	For voluntary emissions cap and emission limits [i.e. expressed as parts per million (ppm) corrected for dilution air, po million BTU (lb/MMBTU, etc.] required by any applicable federal requirement.	unds per hour (lbs/hr), po	ounds per

GENERAL EMISSION UNIT (FORM XXX-F1)

D	ISTRI	ICT:	< DISTRICT USE ONLY =
			DISTRICT ID:
C	OMPA	ANY NAME:	FACILITY NAME:
I.	PER	RMIT NUMBER:	
II.	EQU	UIPMENT DESCRIPTION	
	1.	General process description:	
	2.	Equipment type:	<u> </u>
	3.	Equipment description:	<u> </u>
	4.	Equipment make, model & serial number:	
	5.	Maximum design process rate or throughput:	
	6.	Control device(s) type and description (if any):	
III.	OPE	ERATIONAL INFORMATION	
	1.	Operating schedule: (hours/day)	(hours/year)
	2.	Exhaust gas flow rate:SCFM @%H ₂ O	
	3.	Raw products used and finished products produced:	

RAW PRODUCT USED (name)	CONSUMPTION (lbs/hr, gal/hr, etc.)	PRODUCTS PRODUCED (name)	PRODUCTION (lbs/hr, gal/hr, etc.)

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GENERAL EMISSION UNIT (FORM XXX-F2)

DISTRICT:	< DISTRICT USE ONLY =
	DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

4. Unit emissions:

CRITER	IA POLLU	TANT EMIS	SSIONS (to	ons per year)	
POLLUTANTS					
A. Emissions					
B. Pre-modification Emissions ¹					
C. Emission Change ²					
D. Emission Limit ³					
OTHER REGULA	ATED AIR	POLLUTA	NT EMISS	IONS (tons	per year)
POLLUTANTS					
A. Emissions					
B. Pre-modification Emissions ¹					
C. Emission Change ²					
D. Emission Limit ³					

¹ For permit modifications only; emissions prior to project modification.

² Difference between Pre-Modification Emissions (Section B.) and Emissions (Section A.).

³ For voluntary emissions cap and emission limits [i.e. expressed as parts per million (ppm) corrected for dilution air, pounds per hour (lbs/hr), pounds per million BTU (lb/MMBTU, etc.] required by any applicable federal requirement.

EMISSION CONTROL UNIT (FORM XXX-G1)

	ST	RICT:					<	DIST	RICT	USE ONLY =	
						D	ISTRICT I	D:			
C	OM	IPANY NAME):			F	ACILITY N	IAMI	E:		
	PE	RMIT NUMBER:	_								
I.	E	QUIPMENT D	ESCRIPTION								
	1.	General process	description:								
	2.	Equipment type:									
	3.	Equipment descr	ription:								
	4.	Equipment make	, model & serial number:								
	5.	Emission unit(s)	served by this equipment:								
	6.		or rated capacity:								
		•	ESIGN INFORMATI	UN							
	1.	Exhaust gas:	Temperature:		Flo	ow Rate	e:	(SC	FM)		
	1.			(F)_	(%)	e: Oxygen:	(SC	FM)	 (%)	
		Exhaust gas:	Temperature: Moisture: CO ₂ :	(F)_)	Oxygen:	·		(%)	
	 2. 		Temperature: Moisture: CO ₂ : Manufacturer:	(F)	(% (%)	Oxygen: Pressure Di	rop:		(%) (in-Hg)	
	2.	Exhaust gas: General:	Temperature: Moisture: CO ₂ : Manufacturer: Inlet Temp.:	(E)	(% (% (F))	Oxygen:	rop:		(%) (in-Hg)	
		Exhaust gas:	Temperature: Moisture: CO ₂ : Manufacturer: Inlet Temp.: Catalyst Type/Materi	(F)	(% (% (F))	Oxygen: Pressure Dr Outlet Tem	rop:		(%) (in-Hg) (F)	
	2.	Exhaust gas: General:	Temperature: Moisture: CO ₂ : Manufacturer: Inlet Temp.:	(F) al:	(% (% (F) (years))	Oxygen: Pressure De Outlet Tempore: Volume:	rop:	(F	(%) (in-Hg)	
	2.	Exhaust gas: General:	Temperature: Moisture: CO ₂ : Manufacturer: Inlet Temp.: Catalyst Type/Materi Catalyst Life:	(F) al:	(% (% (F) (years))	Oxygen: Pressure Dr Outlet Tem	rop:	(F	(%) (in-Hg) (F)	
	2.	Exhaust gas: General:	Temperature: Moisture: CO ₂ : Manufacturer: Inlet Temp.: Catalyst Type/Materi Catalyst Life: Space Velocity:	(F) al:	(% (F) (years) (Ft3)) 3/Ft) N	Oxygen: Pressure De Outlet Tempore Volume: H3 inj. Rate:	rop:	(F	(%) (in-Hg) (F)	
	2.	Exhaust gas: General: Catalyst data:	Temperature: Moisture: CO ₂ : Manufacturer: Inlet Temp.: Catalyst Type/Materi Catalyst Life: Space Velocity: NH3 Inj. Temp.: Design: Cleaning Method: —	(F)aal:	(%) (years) (F) (years) (F) Positive)) 3/Ft) N Pressu	Oxygen: Pressure De Outlet Tem Volume: H3 inj. Rate:	rop: p.:	(F (g	(%) (in-Hg) (F) 13) al/hr) fegative Pressure	
	2.	Exhaust gas: General: Catalyst data:	Temperature: Moisture: CO ₂ : Manufacturer: Inlet Temp.: Catalyst Type/Materi Catalyst Life: Space Velocity: NH3 Inj. Temp.: Design: Cleaning Method: Fabric Material:	(F)al:)) 3/Ft) N Pressu	Oxygen: Pressure De Outlet Tem Volume: H3 inj. Rate:	rop: p.:	(F (g [] N	(%) (in-Hg) (F) 13) al/hr) fegative Pressure	
	 3. 4. 	Exhaust gas: General: Catalyst data: Baghouse data:	Temperature: Moisture: CO ₂ : Manufacturer: Inlet Temp.: Catalyst Type/Materi Catalyst Life: Space Velocity: NH3 Inj. Temp.: Design: Cleaning Method: Fabric Material: Flow Rate:	(F)al:	(% (F) (years) (Ft) (F) Positive)) 3/Ft) N Pressu FM) A	Oxygen: Pressure Dr Outlet Tem Volume: H3 inj. Rate:	rop: p.:	(F(g	— (%) (in-Hg) (F) f3) al/hr) (egative Pressure	
	2.	Exhaust gas: General: Catalyst data:	Temperature: Moisture: CO ₂ : Manufacturer: Inlet Temp.: Catalyst Type/Materi Catalyst Life: Space Velocity: NH3 Inj. Temp.: Design: Cleaning Method: Fabric Material: Flow Rate: Number of fields:	(F)aal:	(%) (%) (%) (%) (%) (%) (%) (%) (%) (%))) 3/Ft) N Pressu FM) A	Oxygen: Pressure De Outlet Tem Volume: H3 inj. Rate:	rop: p.:	(F(g	(%) (in-Hg) (F) f3) al/hr) fegative Pressure	
	 3. 4. 	Exhaust gas: General: Catalyst data: Baghouse data:	Temperature: Moisture: CO ₂ : Manufacturer: Inlet Temp.: Catalyst Type/Materi Catalyst Life: Space Velocity: NH3 Inj. Temp.: Design: Cleaning Method: Fabric Material: Flow Rate: Number of fields:	(F)al:	(%) (%) (%) (%) (%) (%) (%) (%) (%) (%)	3/Ft) N Pressu FM) A	Oxygen: Pressure Droutlet Tempore Volume: H3 inj. Rate: are ir/Cloth Ratio: g Method:	rop: p.:	(F (g	— (%) (in-Hg) (F) f3) al/hr) (egative Pressure	

EMISSION CONTROL UNIT (FORM XXX-G2)

DISTRICT:		<pre>< DISTRICT DISTRICT ID:</pre>	USE ONLY =	
COMPANY NAME	D:	FACILITY NAME:		
IV. OPERATIONAL INFORMATION 1. Operating schedule: (hours/day) (hours/year) 2. Raw products used by control device: 3. Operating information:				
	POLLUTANTS AND EMISS	SION CONTROL INFORMATI	ON	
POLLUTANT (name)	INLET CONCENTRATION (ppm or gr/DSCF ¹)	OUTLET CONCENTRATION (ppm or gr/DSCF ¹)	CONTROL EFFICIENCY (% weight)	
¹ Specify percent O ₂	or percent CO ₂ .			



EXEMPT EQUIPMENT (FORM XXX-H)

DISTRICT:		< DISTRICT USE ONLY =	
		DISTRICT ID:	
COMPANY NAME:		FACILITY NAME:	
I. EQUIPMENT EXEMPT FROM DISTRICT PERMIT REQUIREMENTS			
EXEMPT EQUIPMENT	EQUIPMENT DESCRIPTION		BASIS FOR EXEMPTION

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COMPLIANCE PLAN (FORM XXX-I1)

DISTRICT:	< DISTRICT USE ONLY =
	DISTRICT ID:
COMPANY NAME:	FACILITY NAME:

I. PROCEDURE FOR USING FORM XXX-I

This form shall be submitted as part of the Title V Application. The Responsible Official shall identify the applicable federal requirement(s) to which the source is subject. In the Compliance Plan (Form XXX-I), a Responsible Official shall identify whether the source identified in the Title V Application currently operates in compliance with all applicable federal requirements.

II. APPLICABLE FEDERAL REQUIREMENTS

APPLICABLE FEDERAL REQUIREMENT	EMISSION UNIT or PERMIT NUMBER	IN COMPLIANCE (yes/no/exempt ¹)	EFFECTIVE DATE ²

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APPLICABLE FEDERAL REQUIREMENT	EMISSION UNIT or PERMIT NUMBER	IN COMPLIANCE (yes/no/exempt¹)	EFFECTIVE DATE ²
--------------------------------	-----------------------------------	--------------------------------	--------------------------------

- If exempt from applicable federal requirement, attach explanation for exemption.

 Indicate the date during the permit term that the applicable federal requirement will become effective.

COMPLIANCE PLAN (FORM XXX-I2)

DISTRICT:		< DISTRICT USE ONLY =	
		DISTRICT ID:	
COMF	PANY NAME:	FACILITY NAME:	
III. CO	MPLIANCE CERTIFICATION		
<u>Unde</u>	er penalty of perjury, I certify the following:		
9	comply with the applicable federal requirement(s) with which the source is in compliance identified in form XXX-II;		
9			
9	· · · · · · · · · · · · · · · · · · ·	quiry, the source identified in this application is not in compliance m XXX-II, and I have attached a compliance plan schedule. ²	
Signature (of Responsible Official Da	nte	

- 1. Unless a more detailed schedule is expressively required by the applicable federal requirement.
- 2. At the time of expected permit issuance, if the source expects to be out of compliance with an applicable federal requirement, the applicant is required to provide a compliance schedule with this application, with the following exception. A source which is operating under a variance that is effective for less than 90 days need not submit a Compliance Schedule. For sources operating under a variance, which is in effect for more than 90 days, the Compliance Schedule is the schedule that was approved as part of the variance granted by the hearing board.

The compliance schedule shall contain a schedule of remedial measures, including an enforceable sequence of actions with milestones, leading to compliance with this applicable federal requirement. For sources operating under a variance, the compliance schedule is part of the variance granted by the hearing board. The compliance schedule shall resemble, and be at least as stringent as that contained in any judicial consent decree or administrative order to which the source is subject. For sources not operating under a variance, consult the Air Pollution Control Officer regarding procedures for obtaining a compliance schedule.

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COMPLIANCE PLAN CERTIFICATION (FORM XXX-J1)

DISTRICT:		< DISTRICT USE ONLY =	
COM	PANY NAME:	DISTRICT ID: FACILITY NAME:	
i. CE	CRTIFICATION STATUS		
1.	 Indicate the dates the applicant intends to submit the COMPLIANCE CERTIFICATION REPORT to the district during the permit term. The district federal operating permits rule requires the applicant to submit this report at least annually. 		
2.	For sources required to have a schedule of compliance to rem CERTIFIED PROGRESS REPORTS to the district during the p applicant to submit this report at least semiannually.	edy a violation, indicate the dates the applicant intends to submit ermit term. The district federal operating permits rule requires the	
	Describe the compliance status of the source with respect to requirements of Section 114(a)(3) of the Clean Air Act:	o applicable enhanced monitoring, and compliance certification	

COMPLIANCE PLAN CERTIFICATION (FORM XXX-J2)

DISTRICT:	< DISTRICT USE ONLY = DISTRICT ID:
COMPANY NAME	E: FACILITY NAME:
II. CERTIFICATION INFO	
EMISSION UNITor	APPLICABLE FEDERAL
PERMIT NUMBER:	REQUIREMENT:
METHOD	DESCRIPTION OR REFERENCE METHOD
Monitoring	
U	
Reporting	
Record Keeping	
T (M.)	
Test Methods	
EMISSION UNITor	APPLICABLE FEDERAL
PERMIT NUMBER:	REQUIREMENT:
METHOD	DESCRIPTION OR REFERENCE METHOD
Monitoring	
Reporting	
Record Keeping	
Toot Mothada	
Test Methods	

CERTIFICATION REPORT (FORM XXX-K1)

DISTRICT:			< DISTRICT USE ONLY =	
			DISTRICT ID:	
C	OMPANY NAME:		FACILITY NAME:	
I.	FACILITY INFO	RMATION		
	1. Company Name:			
	3. Mailing Address:			
	4. Street Address or S			
	5. Facility Permit Num	ber:		
II.	GENERAL INFO			
		pecify dates):		
	2. Due date for submit	ttal of report:		
	3. Type of submittal:	[] Monitoring Report (complete Section [] Compliance Schedule Progress Report [] Compliance Certification (complete Section)	t (complete Section IV of Form XXX-K2)	
III.		EPORT INFORMATION om monitoring requirements encountered du [] Yes (If Yes, complete Form XXX-L)	ring the reporting period?	

CERTIFICATION REPORT (FORM XXX-K2)

DIST	TRIC	T:			•	<pre>c DISTRICT USE ONLY =</pre>	
					DISTRICT	ID:	
CON	COMPANY NAME:				FACILITY NAME:		
IV.	C	OMPLIANCE	SCHEDU	LE PROGRE	SS INFOR	MATION	
1.	Date	s the activities, milesto	nes, or complia	ance required by sched	lule of compliand	ce was achieved/will be achieved:	
	_						
2.	Prov	ide explanation of why	any dates in sc	chedule of compliance	were not/will no	t be met:	
	-						
3.	Desc	ribe in chronological o	rder preventive	e or corrective action t	aken:		
	_						
v. c	OMP	LIANCE CERTII	FICATION				
1.		source in compliance of all applicable federal r			in Section II of F	orm XXX-K1 and is source currently in compliance	
	[]	Yes	[]	No (If no, re-subm	t Forms XXX-I a	and XXX-J)	
		on information and be rate, and complete.	lief formed aft	er reasonable inquiry	, the statement a	nd information in this document and supplements	
Signatu	re of R	esponsible Official		Γ	Pate		
Print Na	ame of	Responsible Official					
Title of	Respon	nsible Official and Con	pany Name			-	

Telephone Number of Responsible Official:	()	 	<u> </u>		
				 page out of	_ pages

DEVIATION REPORT (FORM XXX-L)

DISTRICT:			< DISTRICT USE ONLY =			
			DISTRICT ID:			
COM	/IPA	NY NAME:	FACILITY NAME:			
I. Di	EVIAT	TION INFORMATION				
1.	Per	mit number(s) of emission unit or control unit affected:				
2.	Des	scription of deviation:				
3.	Des	scription and identification of permit condition(s) deviated:				
4.	Ass	sociated equipment and equipment operation (if any):				
5.	Dat	te and time when deviation was discovered:				
6.	Dat	re, time and duration of deviation:				
7.	Pro	bable cause of deviation:				
8.	Pre	ventive or corrective action taken:				



CERTIFICATION STATEMENT (FORM XXX-M)

DISTRICT:	< DISTRICT USE ONLY =
	DISTRICT ID:
COMPANY NAME:	FACILITY NAME:
	are part of your application. If the application contains forms or attachme in the blank space provided below. Review the instructions if you are unsuplete application.
Forms included with application	Attachments included with application
Stationary Source Summary Form Total Stationary Source Emission Form	Description of Operating Scenarios Sample emission calculations
Compliance Plan Form	Fugitive emission estimates
Compliance Plan Certification Form Exempt Equipment Form	List of Applicable requirements Discussion of units out of compliance with applicable federal requirements and, if required, submit a schedule of Compliance
Certification Statement Form	Facility schematic showing emission
List other forms or attachments	points
certify under penalty of law, based on information and belief for omposed of the forms and attachments identified above, are tracertify that I am the responsible official, as defined in (title of designature of Responsible Official	•

Title of Res	le of Responsible Official and Company Name		
	List Other Forms or Attachments (cont.)		